## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 20, 2005 08:00 AM Secretary of State

1. Entity Nan	MENT # F42383 THE THE RELAND BROWN, INC.			`	Se	cretary	of State
3675 S.W. 2	4 STREET 3	ailing Address 675 S.W. 24 STREET AlAMI, FL 33145-3032					
DO NOT WRITE IN THIS SPACE  6. Name and Address of Current Registered Agent				01122005 4. FEI Numb 59-212	No Chg-P	CR2E034 (14	
	ROBERT S CAYNE BLVD #610	DO NOT WRITE IN THIS SPACE					
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable  THOTE Registered Agent signature required when reinstating)  DATE							
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees							
10.	OFFICERS AND DIREC	TORS I					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD NETHERLAND-BROWN, CARL 3675 S.W. 24 STREET MIAMI, FL 33145						
TITLE NAME STREET ADDRESS CITY-ST-ZIP					04/20/05-	)317423 -80018-007	150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	A manage and manage of the state of the stat
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	<u>.</u>		IN .	THIS SF	PACE	
TITLE NAME STREET AODRESS CITY-ST-ZIP		·			<u></u>	<u> </u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			MANIPATINE AND			<u></u>	
12. I hereby of indicated	certify that the information supplied with this filling on this report or supplemental report is true are postation or the receiver or trustee employees.	ng does not qualify for the exen nd accurate and that my signati	nption stated in Secure shall have the s	ition 119.07(3)( ame legal effec	), Florida Statutes. I t as if made under d	further certify that bath; that I am an c	the information officer or director